

Name
in
Full

Thomas Wesley Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

New Glitz

Town

County

MARYLAND

Date

of death 1902

Month

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Va.

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife or
Husband

Martha Schaaf

Father's
Name

Austin Adams

Father's
Birthplace

—

Mother's
Maiden Name

Harriet Harding

Mother's
Birthplace

—

Name of person giving
information

Benjamin P. McDaniel

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

10 days

Immediate

Cardiac Failure

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

S. P. Simpson M.D.

Roccroft Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in Full

Frank Judson

CERTIFICATE OF DEATH

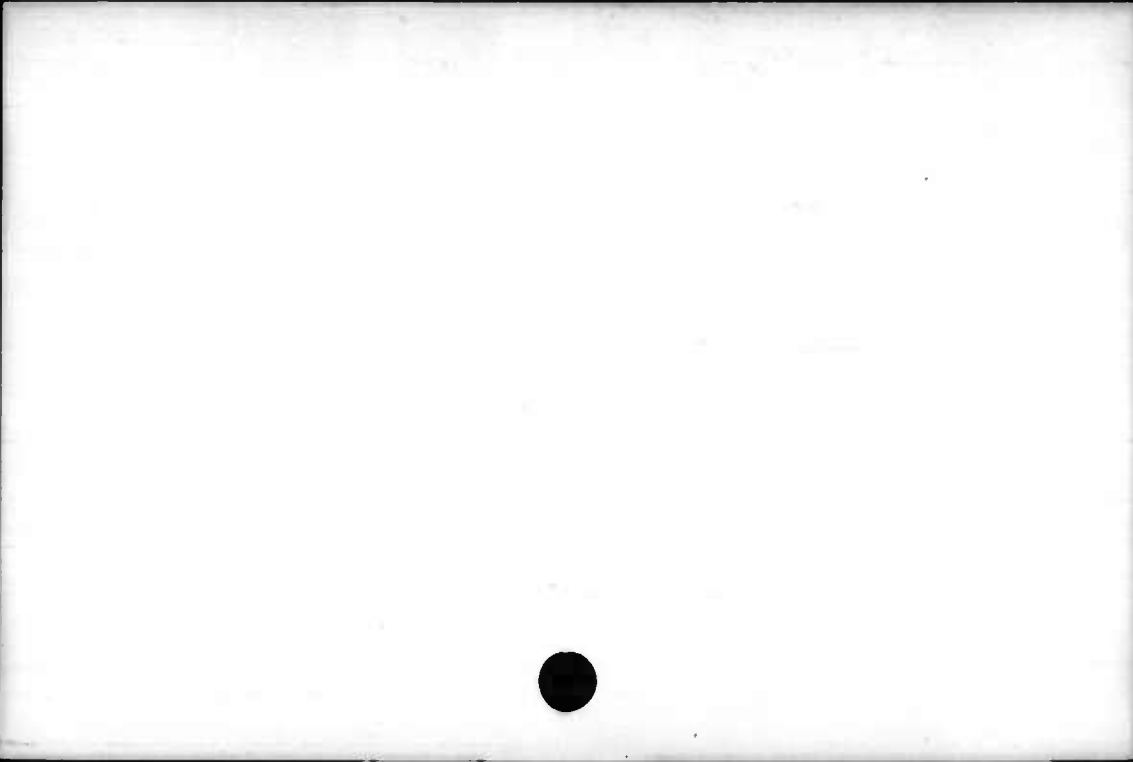
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------------------|----------------------------|---------------------------------|-------------------------------------|------|----------|--|
| Died at <i>Shirley House</i> | | Town <i>P. G.</i> | | County | | MARYLAND | |
| Date of death 1902 | Month <i>Nov</i> | Day <i>26th</i> | Years <i>70</i> | Months | Days | | |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>P. G. Co. Md</i> | | | | |
| Married, Single or Widowed | | | Occupation <i>Leisure</i> | | | | |
| Name of Wife or Husband <i>None</i> | | | | | | | |
| Father's Name <i>Unknown</i> | | | | Father's Birthplace <i>P. G. Co</i> | | | |
| Mother's Maiden Name <i>"</i> | | | | Mother's Birthplace <i>"</i> | | | |
| Name of person giving information <i>Sister, Book-keeper</i> | | | | How related to deceased <i>None</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|--------------------------------|------------|--|--------------|
| Primary | <i>Died suddenly at dinner</i> | | How long | <i>Table</i> |
| Immediate | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | Signature of Physician <i>J. L. Waring</i> | |
| | | | Address <i>Clinton</i> | |
| Accident or Suicide? | | | | |



Name
in
Full

Harry Baldwin

CERTIFICATE OF DEATH

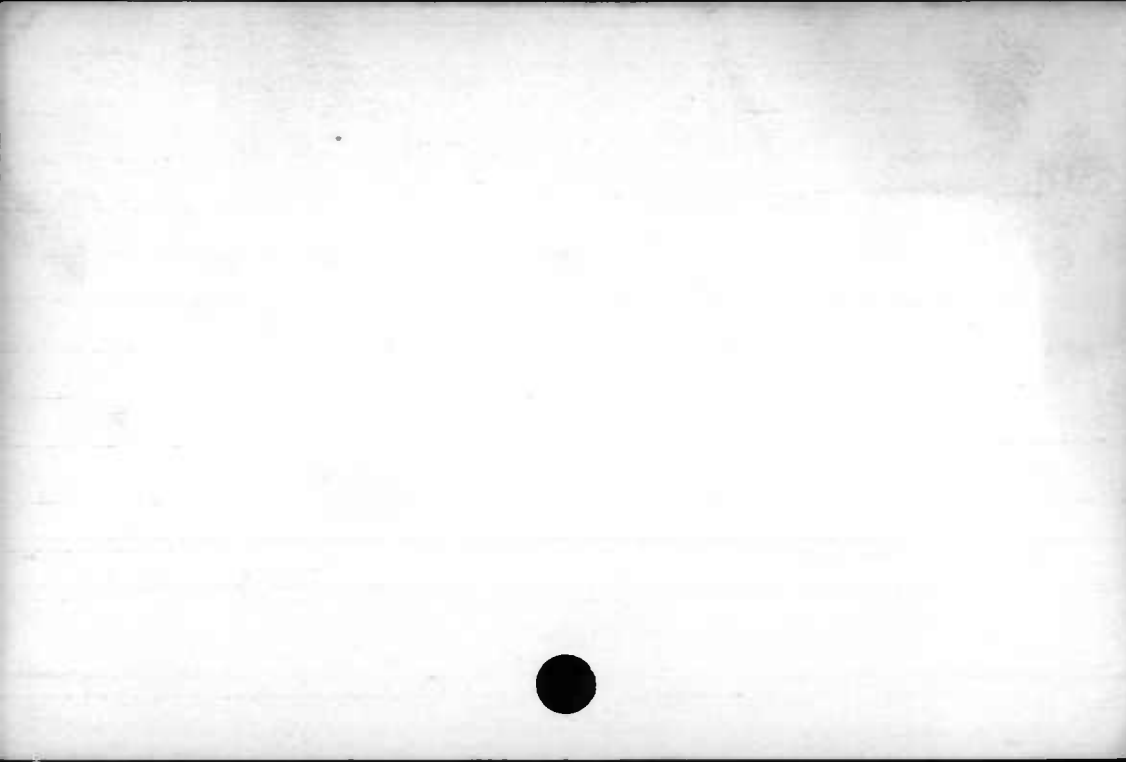
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|--|----------------------------|---------------------------------------|---|
| Died at <u>near Rosaryville</u> ^{Town} <u>P. G.</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>2</u> | Month <u>11</u> | Day <u>18</u> | Age <u>1</u> ^{Years} <u>4</u> ^{Months} <u>0</u> ^{Days} |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>P. G. Co.</u> | |
| Married , Single or Widowed | | Occupation _____ | |
| Name of Wife or Husband _____ | | | |
| Father's Name <u>William Baldwin</u> | | Father's Birthplace <u>P. G. Co.</u> | |
| Mother's Maiden Name <u>Ellen Lippett</u> | | Mother's Birthplace <u>" "</u> | |
| Name of person giving information <u>William Baldwin</u> | | How related to deceased <u>Father</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|---|----------|
| Primary | <u>166</u> | How long |
| Immediate <u>Strangulation Accident</u> | | How long |
| Are the name, age, sex, color, day and place correctly given above? <u>Yes</u> | Signature of Physician <u>William Baldwin</u> | |
| | Address <u>Groom</u> | |
| | <u>P. G. Co. Ind.</u> | |
| Accident <u>Yes</u> | | |



Prince Edward Benson Jr

Town

County

Died at *Muskrat* *Prince Georges* MARYLAND

Month Day Y. M. D. Native of Occupation

Date 19 *02* *nov* *30* Age *4* *ma* -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband
of
Wife

Father's Name *Prince Eam Benson* Mother's Maiden Name *Lebbe Bray*

Cause of Death { Primary *Don't know* 179 How long sick *3 or 4 days*
Immediate *" " did not see it in chest* Accident, Suicide, Homicide

Reported by *6 a. Fox*

Address *Belisium* *ma* X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Edward Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at Broad Creek Pr. Geo.

Date of death 1902 11 5 Age 79 Months Days

Sex Male Color or Race Colored Birthplace St. Marys D. Md.

Married, Single or Widowed Married Occupation Laborer

Name of Wife or Husband Olivia Brooks

Father's Name Abel Brooks

Father's Birthplace Maryland

Mother's Maiden Name Adeline Short

Mother's Birthplace "

Name of person giving information Olivia Brooks 79

How related to deceased Wife

CAUSES OF DEATH

Primary Sortic insufficiency How long 7 years

Immediate Dropsical swelling of lungs How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

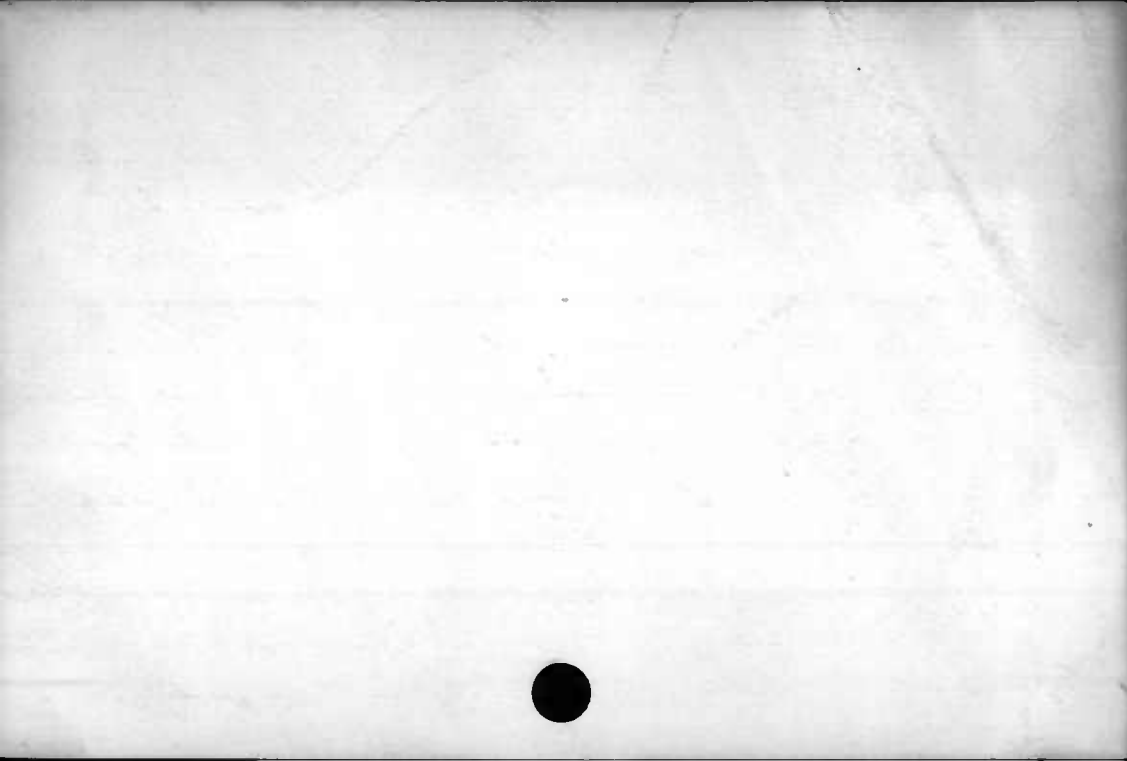
Address

E. P. Simpson

Rosedale Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Richard Brown

Town

County

Died at Collington Prince George

MARYLAND

1902
Date 189
Month Day Y. M. D.
Nov 9 Age 68
Native of Md Occupation FarmerMale White Married Widower Divorced
Female Colored Single Widower Number of children living 4Husband of Mariok E. Brown
Wife

Father's Name Leant Brown Mother's Name Leant Brown

Cause of Death { Primary Cancer of Stomach
Immediate Hunger pangs
How long sick About one year
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

White

Colored

Single

Widower

Number of children living

2

of

Mother's

Maiden Name

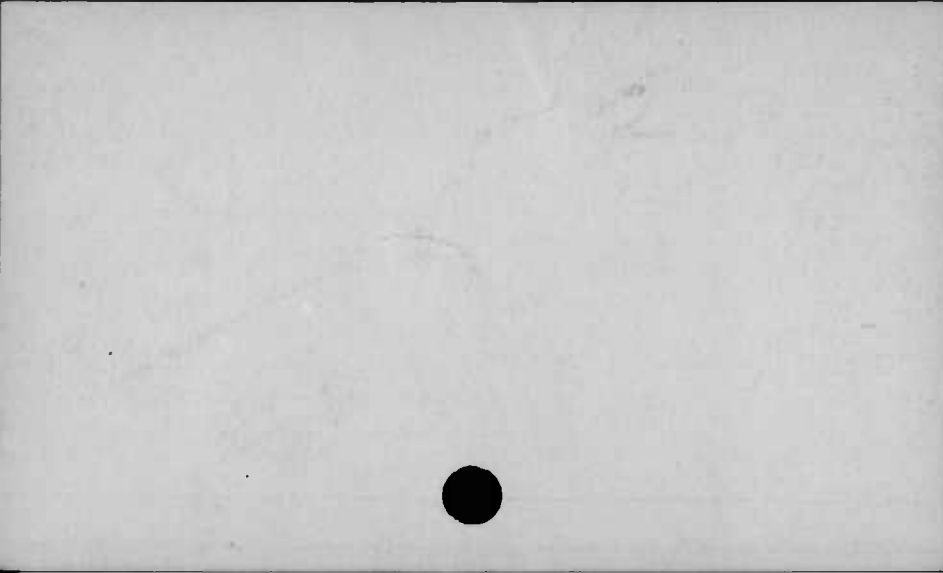
Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 70000



Certificate of Death

Town

County

Died at

MARYLAND

1909

Month

Day

Y.

M. D.

Native of

Occupation

Date 489

Age

20

Und

Assume

Mate

White

Married

With a w

Divorced

Female

Colored

Single

Widower

Number of children living /

Husband

of

Wife

Father's

Name _____

Mother's

Name _____

Cause of

Primary

Death

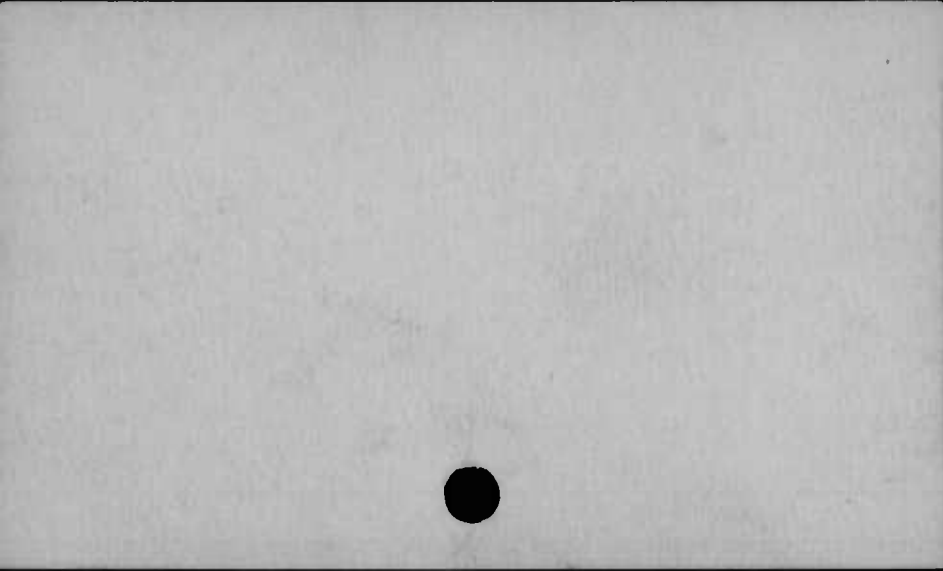
Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY DIRECTOR, 1950



Name in Full

Certificate of Death

Cornelia Mayri Douglass

Died ^{Town} *Agnasco* ^{County} *Prince George* MARYLANDDate 1902 ^{Month} *Nov.* ^{Day} *7* ^{Y.} *5* ^{M.} *-* ^{D.} *6* ^{Native of} *Washington DC* ^{Occupation} *none*

| | | | | |
|-----------------|------------------|--------------------|------------------|---------------------------|
| Male | White | Married | Widow | Divorced |
| Female | Colored | Single | Widower | Number of children living |

Husband
of
Wife

| | | | |
|---------------|-------------------------|----------------------|------------------------------|
| Father's Name | <i>Richard Douglass</i> | Mother's Maiden Name | <i>Margaret Ann Douglass</i> |
|---------------|-------------------------|----------------------|------------------------------|

| | | | |
|----------|-----------|---------------------------------|----------------------------------|
| Cause of | Primary | <i>obscure</i> | How long sick <i>one year</i> |
| | Death | <i>Dropsy & convulsions</i> | |
| | Immediate | | Accident, Suicide, Homicide |

| | |
|-------------|---------------------------|
| Reported by | <i>Wm A. Marbury M.D.</i> |
| Address | <i>Agnasco Maryland</i> |

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|---|--|----------|-------------|
| Died at <i>Leantheams</i> ^{Town} | | <i>Prince Georges</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>Nov</i> | Day <i>15</i> | Age <i>78</i> | Years | Months Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Prince Georges Co</i> | | | |
| Married, Single or Widowed <i>Married</i> | Occupation <i>Merchant</i> | | | | |
| Name of Wife or Husband <i>Mary M. Donnell</i> | | | | | |
| Father's Name <i>James Donnell</i> | | | Father's Birthplace <i>Pr Geo. Co</i> | | |
| Mother's Maiden Name <i>Rachel Cross</i> | | | Mother's Birthplace <i>Pr Geo. Co.</i> | | |
| Name of person giving Information <i>Mary M. Donnell</i> | | | How related to deceased <i>wife</i> | | |
| CAUSES OF DEATH | | | | | |

PHYSICIAN
OR CORONER

| | | |
|---|--|---------------------------|
| Primary <i>Acute dysentery</i> | How long <i>14</i> | How long <i>Five days</i> |
| Immediate <i>Heart failure</i> | | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. M. Donnell M.D.</i> | |
| | Address <i>Springfield Ind.</i> | |
| Accident or Suicide? <i>No</i> | | |



Name
in
Full

Silvester Gant

CERTIFICATE OF DEATH

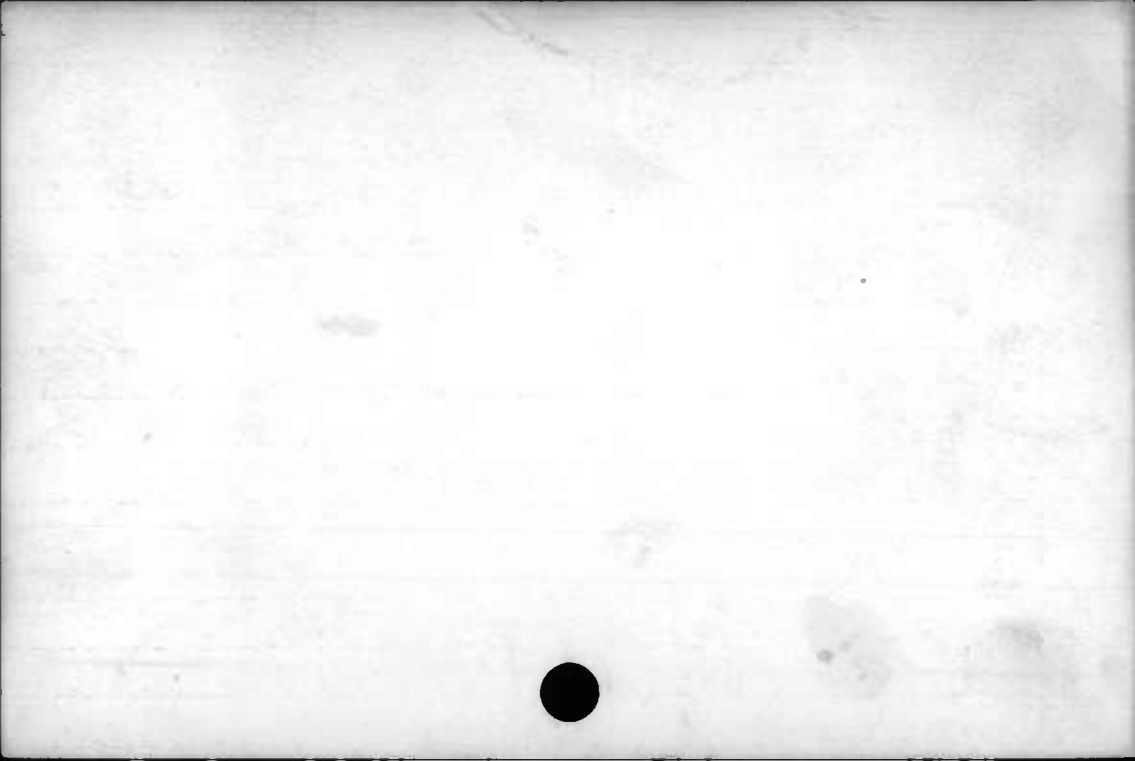
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--------------|---------------------------|------------------|----------------------------------|--------|-------------------------------------|----|
| Died at | | Suittland ^{Town} | | Prince Georges ^{County} | | MARYLAND | |
| Date of death 1902 | Month Nov | Day 15- | Age 83- | Years | Months | Days | |
| Sex | Male | | Color or Race | Colored | | Birth- place | MD |
| Married, Single or Widowed | Married | | | Occupation | | | |
| Name of Wife or Husband Jane Gant | | | | | | | |
| Father's Name | | | | John Gant 154 | | Father's Birthplace MD | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving Information | | | | Jane Ann Gant | | How related to deceased Daughter | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|--------------------|-----|-------------------------------|---|
| Primary | General Debility - | | How long | — |
| Immediate | old age | | How long | — |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician | |
| Accident or Suicide? | | no | Address | |
| | | | John E. Sawney Pomatoke MD | |



Name
in
Full

Maria Gilbert

CERTIFICATE OF DEATH

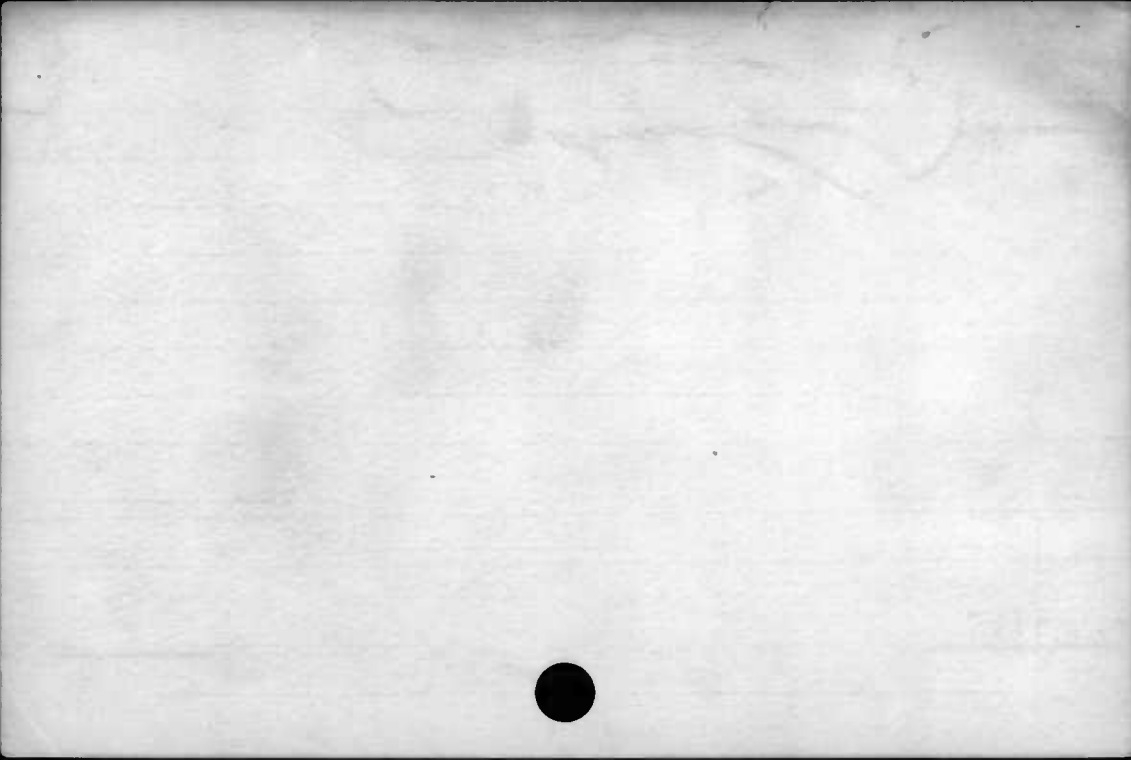
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|----------------------------|--|----------|--------|
| Died at <i>Seat Pleasant</i> | | County <i>Prince Geo's</i> | | MARYLAND | |
| Date of death 1902 | Month <i>Nov</i> | Day <i>6</i> | Age <i>34</i> | Years | Months |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>Md.</i> | | |
| Married, Single or Widowed <i>Married</i> | Occupation <i>Housework</i> | | | | |
| Name of Wife or Husband <i>John Gilbert</i> | | | | | |
| Father's Name <i>James Jackson</i> | | | Father's Birthplace <i>Md.</i> | | |
| Mother's Maiden Name <i>Lettie Henson</i> | | | Mother's Birthplace <i>Md.</i> | | |
| Name of person giving information <i>John Gilbert</i> | | | How related to deceased <i>Husband</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Acute Tuberculosis</i> | How long <i>3 months</i> |
| Immediate <i>—</i> | How long <i>"</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John E. Laursen</i> |
| | Address <i>Goresville Md.</i> |
| Accident or Suicide? <i>No</i> | <i>X</i> |



Name
in
Full

William Henry Gilbert

CERTIFICATE OF DEATH

Died at

Seat Pleasant

Town

County

Prince George

MARYLAND

Date

of death 1902

Month

Nov

Day

17

Age

Years

1

Months

2

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

John Gilbert

Father's
Birthplace

Md

Mother's
Maiden Name

Maria Jackson

Mother's
Birthplace

Md

Name of person giving
Information

John Gilbert

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

How long

3 months

Immediate

General weakness

How long

1 month

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

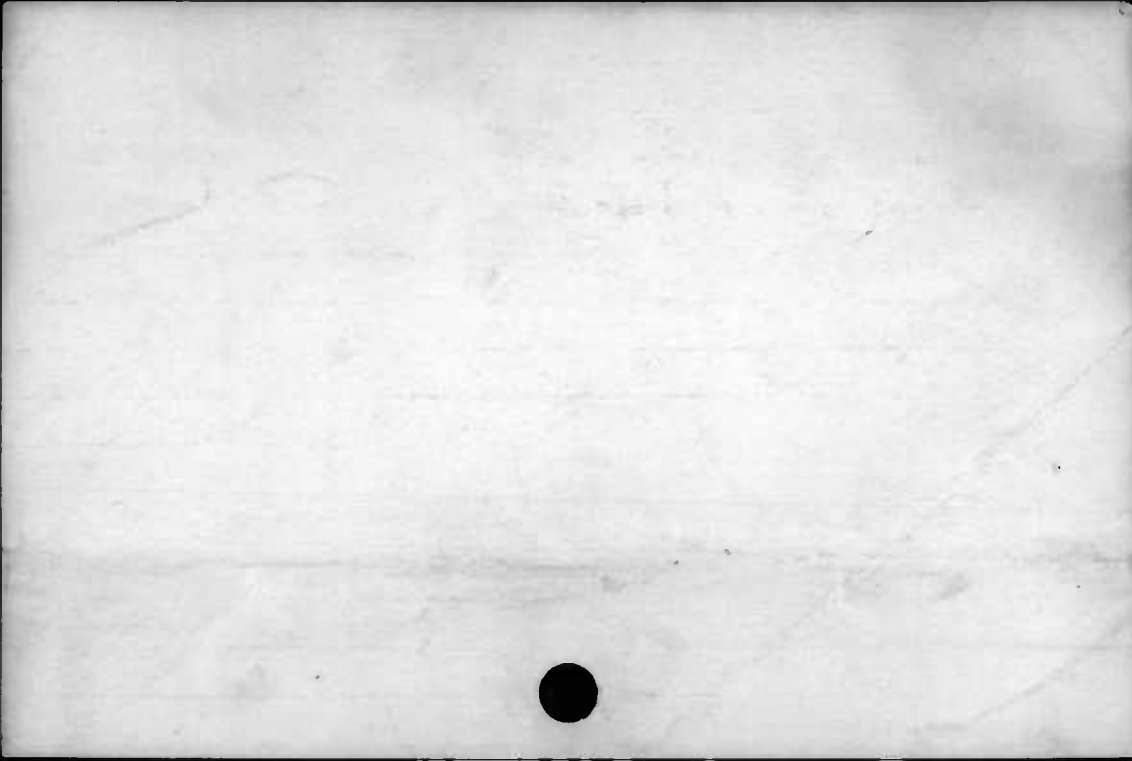
Address

John E. Ransom
Gilesville Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Henry R. Holt

Town

County

Died at

Sutton Road P.O. 60

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1907 Nov 13th

Age 57

Washington D.C. Farmer

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

~~Wife~~

Father's

Name

Dr. H. B. Holt

123

Mother's

Name

Susan J. Holt

Cause of

Primary

Chronic Cystitis

How long sick

Do not know

Death

Immediate

Did not see him ill in bed

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

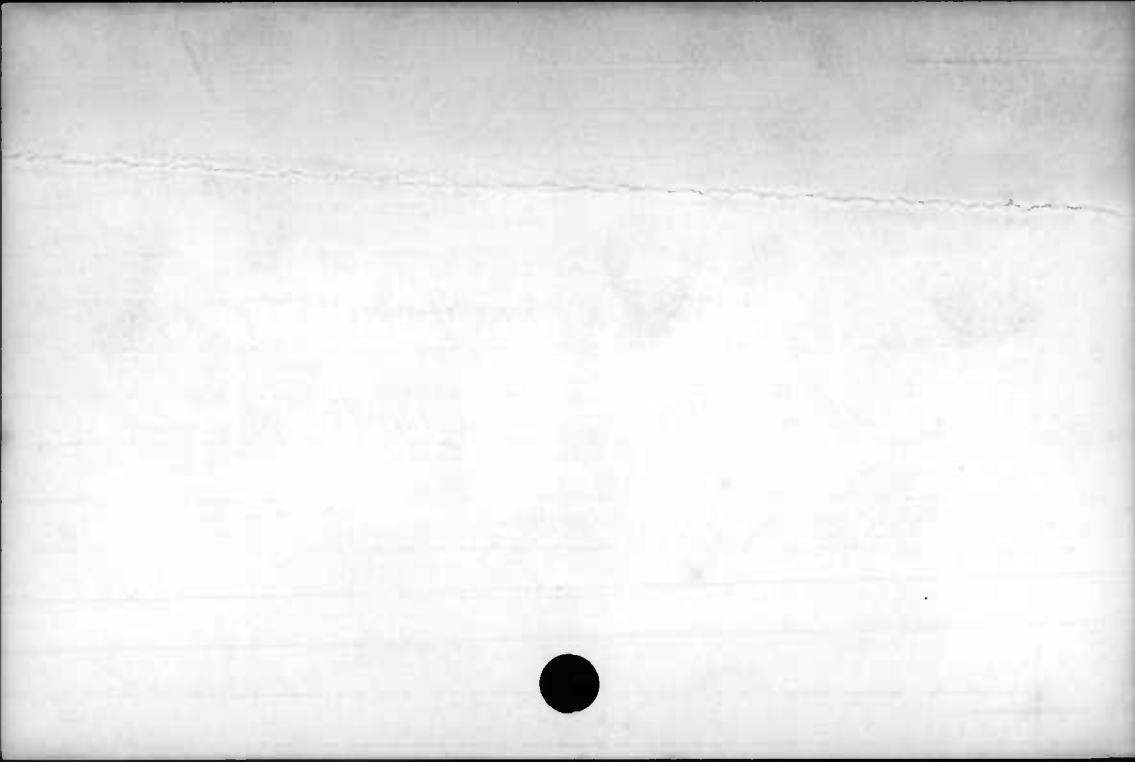
LIBRARY BUREAU, 79898



| | | | | | | | |
|--|--|------------------------|--|------------------------|--|-------------------------|--|
| Name in Full | | Joseph C. Hostetter | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Piscataway | | County | |
| | | Date of death 190 | | Month 11 | | Day 3 | |
| | | Age | | Years 64 | | Months | |
| | | Sex | | male | | Color or Race | |
| | | White | | Birth-place | | Penn. | |
| Married, Single or Widowed | | Widowed | | Occupation | | Farmer | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | Jacob Hostetter | | | | Father's Birthplace | |
| Mother's Maiden Name | | Mary Castle | | | | Mother's Birthplace | |
| Name of person giving information | | | | | | How related to deceased | |
| | | 120 | | | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | | | How long | |
| | | Interstitial Nephritis | | | | 6 mo | |
| | | Immediate | | | | How long | |
| | | Asthma | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | | |
| | | | | John A. Cor MD. | | | |
| | | | | Address | | | |
| | | | | 215. Md X | | | |
| Accident or Suicide? | | | | | | | |



| | | | |
|--|---|---|---|
| Name in Full <i>John T Jackson</i> | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Sauml.</i> Town | | <i>Prima</i> County |
| | Date of death 190 <i>2</i> Month <i>Nov.</i> Day <i>12.</i> | | Age <i>72</i> Years Months <i>4</i> Days <i>5</i> |
| | Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Balt. C. Md.</i> |
| | Married, Single or Widowed <i>Married</i> | | Occupation <i>Farmer</i> |
| | Name of Wife or Husband <i>Maudie Billie</i> | | |
| | Father's Name <i>Thomas Jackson</i> | | Father's Birthplace <i>Do not know</i> |
| | Mother's Maiden Name <i>Abarela Hansen</i> | | Mother's Birthplace <i>Do not know</i> |
| Name of person giving information <i>Annie Jackson</i> | | How related to deceased <i>Daughter</i> | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary <i>Bright disease</i> | | How long <i>6 mo</i> |
| | Immediate <i>Cardiac failure</i> | | How long <i>2 days</i> |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>D. J. Ryer</i> |
| | | | Address <i>Sauml. Md.</i> |
| Accident or Suicide? | | | |



Name
in
Full

Robert Jackson

CERTIFICATE OF DEATH

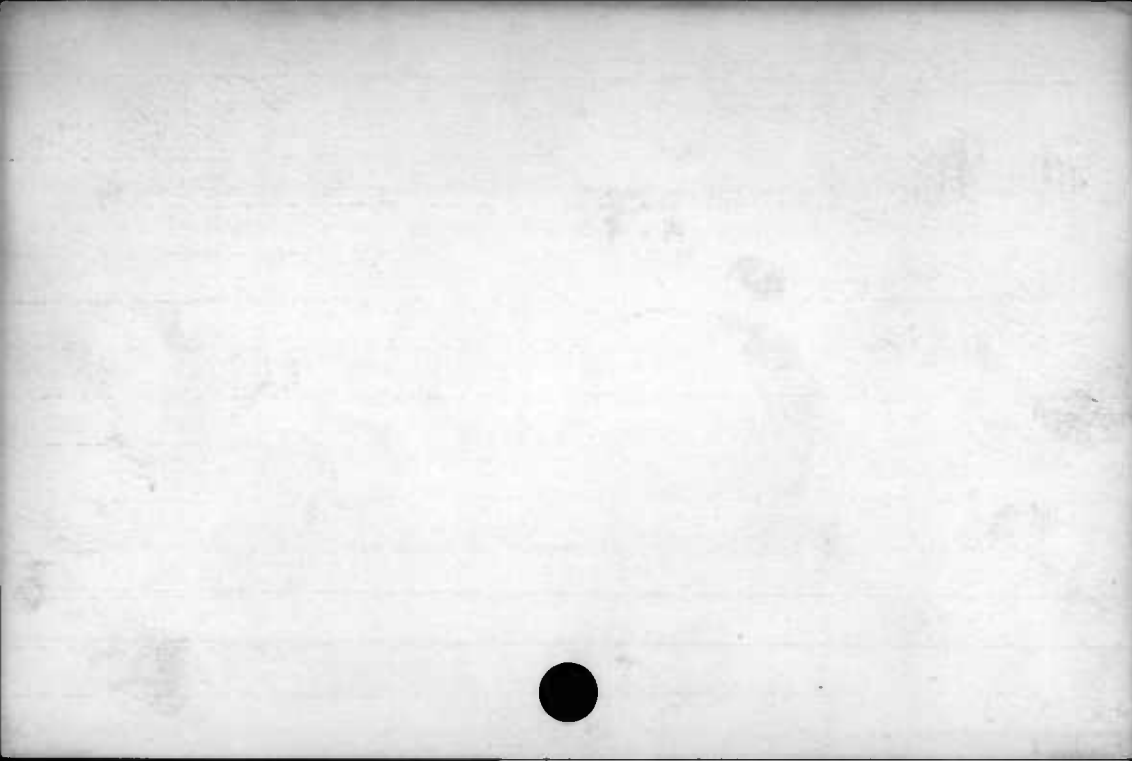
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|-----------------------------------|--|--------------------------|------------------|------------------------------|---------------|-------------------------|--------|------------|
| Died at | | Town <i>Donkville</i> | | County <i>Prince George</i> | | MARYLAND | | |
| Date of death | | 1902 | Month <i>Nov</i> | Day <i>19</i> | Age <i>74</i> | Years | Months | Days |
| Sex | | <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>md</i> | | |
| Married, Single or Widowed | | <i>Married</i> | | Occupation | | | | |
| Name of Wife or Husband | | <i>Elizabeth Jackson</i> | | | | | | |
| Father's Name | | <i>William Jackson</i> | | | | Father's Birthplace | | <i>md</i> |
| Mother's Maiden Name | | <i>Amelia Stewart</i> | | | | Mother's Birthplace | | <i>md</i> |
| Name of person giving information | | <i>Edward Jackson</i> | | | | How related to deceased | | <i>Son</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | | | | |
|--|--|-----------------------------|--|------------------------|--|-----------------------|--|
| Primary | | <i>Chronic Tuberculosis</i> | | How long | | <i>2 years</i> | |
| Immediate | | | | How long | | <i>" "</i> | |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | | Signature of Physician | | <i>John E. R. ...</i> | |
| | | | | Address | | <i>Donkville</i> | |
| Accident or Suicide? | | <i>No</i> | | | | <i>md</i> | |



Name in Full

Certificate of Death

Mary Henrietta Jamieson

Town

County

Died at Aquasco

Pr. Geo's

MARYLAND

Date 1902 - 11 - 2

Month

Day

Y.

M.

D.

Native of

Occupation

Age 7 - 8 - 22

Married

Widow

Divorced

Wid

Housewife

Male

White

Single

Widower

Number of children living

Female

Colored

One

Number of children living

One

Husband

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Valvular Heart Disease

How long sick

Two years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70893



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Data 19

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



Name
in
Full

George Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-----------------------|------------------------------|-----------------------------|---------------------------------------|---------------|
| Died at <i>Farmington</i> Town | | <i>Prince Georges</i> County | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>November</i> | Day <i>26</i> | Years <i>38</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Virginia</i> | |
| Married, Single or Widowed <i>Married</i> | | | Occupation <i>Fisherman</i> | | |
| Name of Wife or Husband <i>Lucy Pickens</i> | | | | | |
| Father's Name <i>Harvey Johnson</i> | | | | Father's Birthplace <i>Delaware</i> | |
| Mother's Maiden Name <i>Hannah Arnold</i> | | | | Mother's Birthplace <i>Delaware</i> | |
| Name of person giving Information <i>Virginia Coombs</i> | | | | How related to deceased <i>Mother</i> | |

CAUSES OF DEATH

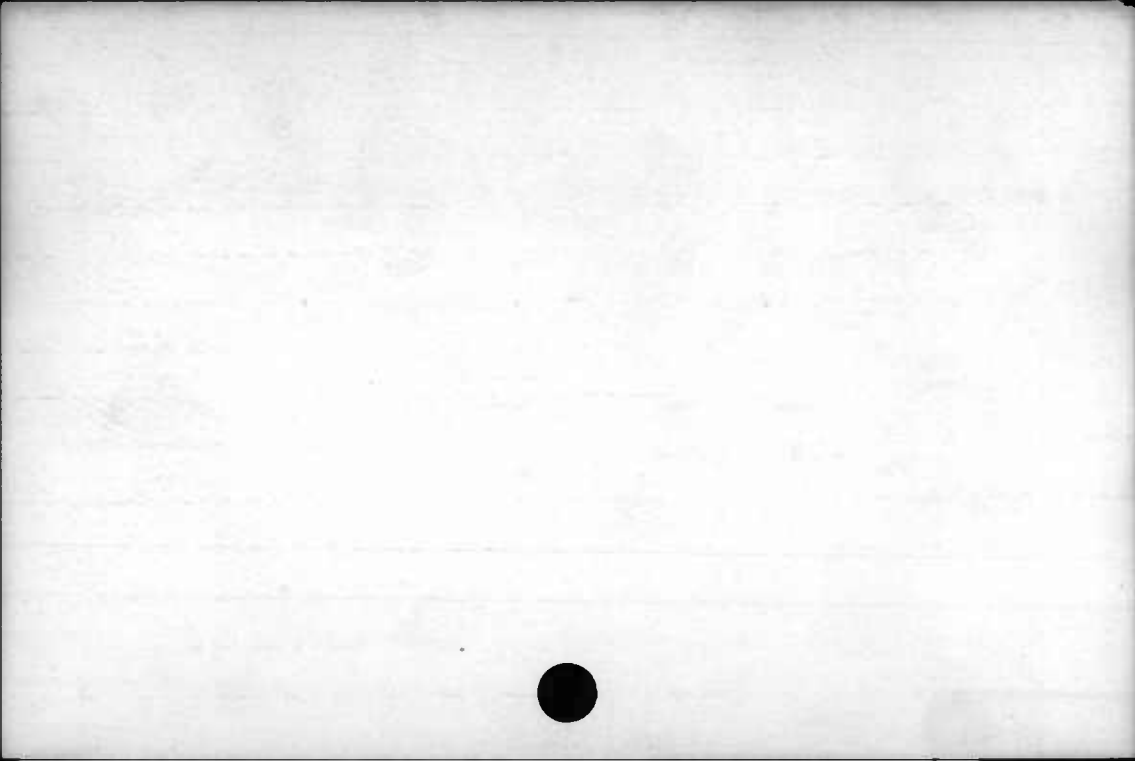
St

PHYSICIAN
OR CORONER

| | | |
|---|--|--|
| Primary | | How long |
| Immediate <i>Acute Alcoholism + Exposure</i> | | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Harry K. Allen</i> |
| | | Address <i>Princeton, Ind.</i> |
| Accident or Suicide? | | |



| | | | | | | | | |
|-----------------------------------|--|--|--|------------------------|-------------|----------------------|--------|------|
| Name in Full | | Francis G. Kerby | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town | County | MARYLAND | | |
| | | Date of death 1903 | | Month | Day | Age | Years | |
| | | Sex | | Color or Race | Birth-place | | Months | Days |
| | | Married, Single or Widowed | | Occupation | | | | |
| | | Name of Wife or Husband | | | | | | |
| | | Father's Name | | Father's Birthplace | | | | |
| | | Mother's Maiden Name | | Mother's Birthplace | | | | |
| Name of person giving information | | How related to deceased | | | | | | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | How long | | | | |
| | | Immediate | | How long | | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | | | |
| | | Address | | | | | | |
| Accident or Suicide? | | | | | | | | |



Name In Full

Franc E Lindsley

Died at ^{Town} Deanwood ^{County} P.O. Pr. Geo Co.

MARYLAND

Date 19 ^{Month} 02 ^{Day} Nov ^{Y.} 2 ^{Age} 62 - ^{M.} - ^{D.} - ^{Native of} N.Y. ^{Occupation} none.
^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}
^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living} 3

Husband of *J. Lindsley*
 Wife
 Father's Name *J. Lindsley* Mother's Maiden Name

| | | | |
|----------------|-----------|--------------------|-----------------------------|
| Cause of Death | Primary | <i>Consumption</i> | How long sick |
| | Immediate | <i>27</i> | Accident, Suicide, Homicide |

Reported by *F. Lindsley*
 Address *Bladensburg Md*

Notified by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(Adderson Chapel)

Lamar H Maher

Town

County

Died at

MARYLAND

Lamar H Maher

Prince Geo

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov 7

Age

13

md

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Thomas Maher

Mother's

Maiden Name

Enna Mc Donough

How long sick

Cause of

Primary

Caused by his own hands

Death

Immediate

accidentally by pistol shot

Accident, Suicide, Homicide

Reported by

J Wan Lee

John E Morrison

Address

332 Penn Ave

Coxsack

166

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jane Marshall
 Died at Oak Grove Ar Geo MARYLAND
 Town County
 Date 1902 Nov 6 Month Day Y. M. D.
 Age 52 Native of Ind Occupation Cook
~~Male~~ White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 6

Husband of Peter Marshall
 Wife
 Father's Name George Fletcher Mother's Maiden Name Stewart
 Cause of Death { Primary Paralysis by How long sick 2 yrs
 Immediate Paralysis 3rd attack Accident, Suicide, Homicide

Reported by

Address

D. L. A. Griffith
Upper Marlboro
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Mc Guire
 Town County Prince Georges MARYLAND

Died at Annapolis

Date 1912 Nov 21st Y. M. D. Age 63-1-24 Native of Indiana Occupation

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of

Wife

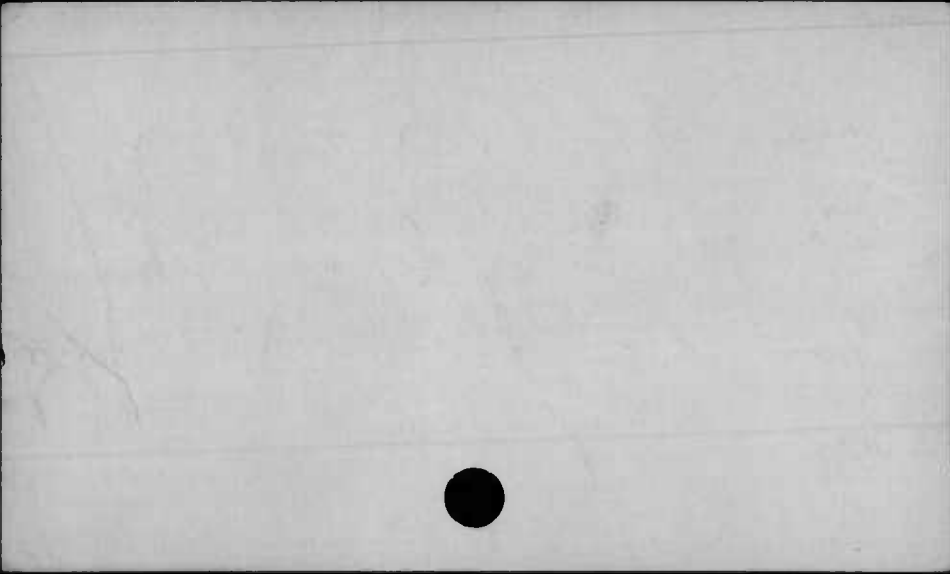
Father's Name James Mc Guire Mother's Maiden Name Anne Fitzpatrick

Cause of Death Primary Consumption 27
 Immediate
 How long sick About 1 year
 Accident, Suicide, Homicide

Reported by C. A. Fox

Address Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|------------------|--------------------------------|-------------------------------------|--------|----------|--|
| Died at <i>Camp Springs</i> | | Town <i>P.G.</i> | | County <i>76</i> | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>Nov</i> | Day <i>21</i> | Age <i>3 yrs</i> | Years | Months | Days | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>P.G. Co Md.</i> | | | | |
| Married Single | | | Occupation <i>None</i> | | | | |
| Name of Wife or Husband _____ | | | | | | | |
| Father's Name <i>L. B. Middleton</i> | | | | Father's Birthplace <i>P.G. Co</i> | | | |
| Mother's Maiden Name <i>Ananda Fyles</i> | | | | Mother's Birthplace <i>P.G. Co</i> | | | |
| Name of person giving information <i>J. L. Waring</i> | | | | How related to deceased <i>None</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Abscess of the ear</i> | How long <i>10 min</i> |
| Immediate <i>Congestion brain</i> | How long <i>6 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. L. Waring</i> |
| | Address <i>Chinton</i> |
| Accident or Suicide? | |



Moses S. Parker.

Town

County

Died at

Woodmoore

Pr. Geo.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

11

17

Age

1

10

Md.

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Moses S. Parker

Mother's

Maiden Name

Priscilla Hawkins

Cause of

Primary

How long sick

4 weeks

Death

Immediate

Don't know

Accident, Suicide, Homicide

Reported by

Frank Hord undertaker

Address

Woodmoore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rose Parker


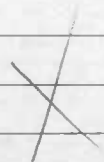
CERTIFICATE OF DEATH

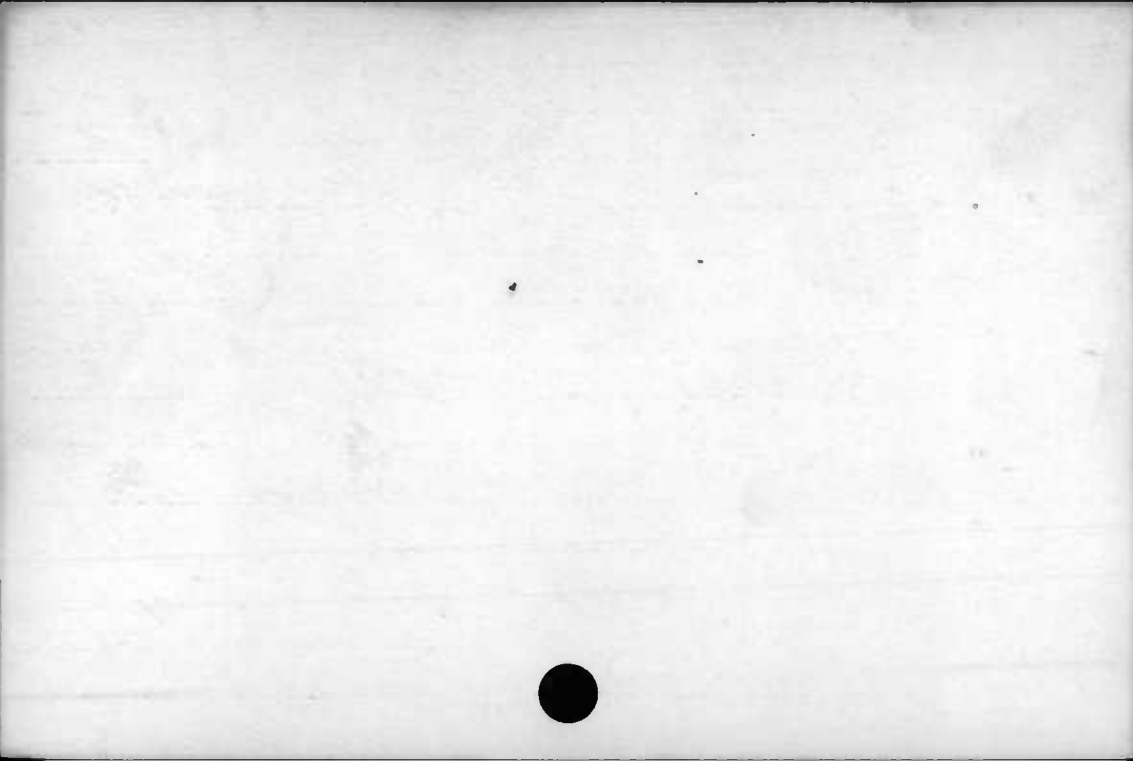
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------------|---------------------------------|---|--------------------|------------------|
| Died at <i>Croom Sta</i> ^{Town} | | <i>Pr Geo</i> ^{County} | | MARYLAND | |
| Date of death 1902 | Month <i>11</i> | Day <i>29</i> | Age <i>1</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth- place <i>Croom Sta</i> | | |
| Married, Single or Widowed <i>—</i> | | | Occupation <i>—</i> | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>William Parker</i> | | | Father's Birthplace <i>Pr Geo Co</i> | | |
| Mother's Maiden Name <i>Thurson</i> | | | Mother's Birthplace <i>Pr Geo Co</i> | | |
| Name of person giving Information <i>Perry Thurson</i> | | | How related to deceased <i>Grand Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>179</i> |
| | Address  |
| Accident or Suicide? |  |



Name
in
Full

John Bedford Pearson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---------------------------|-----------|------------------------------------|--|----------|------|
| Died at | | Town Roccroft | | County Pr. Geo | | MARYLAND | |
| Date of death 1902 | | Month 11 | Day 19 | Age Years 46 | | Months | Days |
| Sex male | | Color or Race White | | Birth- place Fauquier Co Va | | | |
| Married, Single or Widowed | | Married | | Occupation Farmer | | | |
| Name of Wife or Husband Otta Pearson | | | | | | | |
| Father's Name John Pearson | | | | Father's Birthplace Va | | | |
| Mother's Maiden Name Elizabeth Pearson | | | | Mother's Birthplace " | | | |
| Name of person giving In formation Otta Pearson | | | | How related to deceased Wife | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|---------------|--------------------|---------|
| Primary | Typhoid Fever | How long | 4 weeks |
| Immediate | Debility | How long | 3 days |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | E. P. Simpson M.D. | |
| Address | | Roccroft Md. | |
| Accident or Suicide? | | | |



Name in Full

Certificate of Death

Ethell M. Pickrel.

Town

County

Died at

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

11 29

Age

5-

1

Ma

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

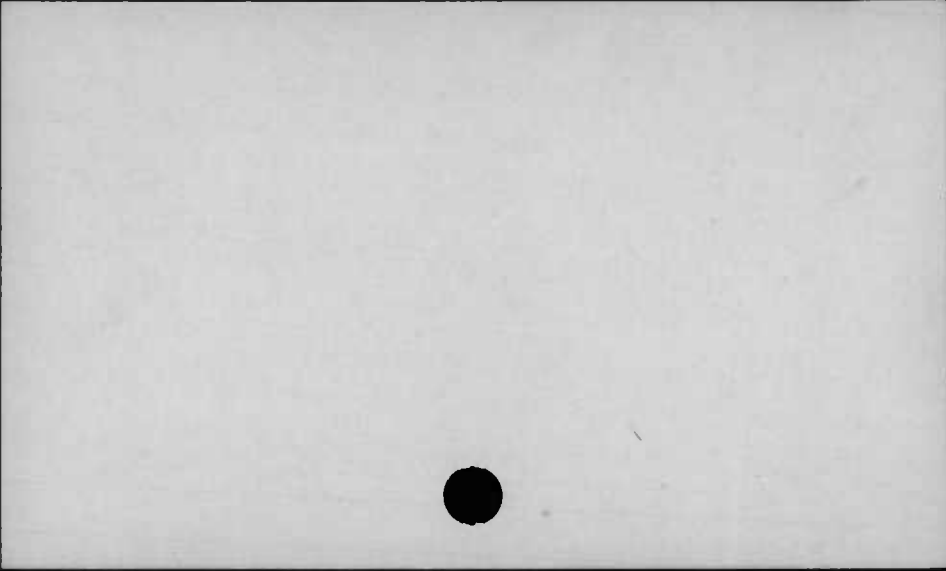
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eugene W. Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|--------------------|--|----------|--------------------------------|
| Died at <i>Clinton</i> Town | | <i>P.G.</i> County | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>Nov</i> | Day <i>1</i> | Age | Years | Months <i>4</i> Days <i>22</i> |
| Sex <i>Male</i> | Color or Race <i>Black</i> | | Birth-place <i>P.G. Co. - Md</i> | | |
| Married, Single or Widowed | | | Occupation <i>none</i> | | |
| Name of Wife or Husband <i>none</i> | | | | | |
| Father's Name <i>Joseph Proctor</i> | | | Father's Birthplace <i>P.G. Co. - Md</i> | | |
| Mother's Maiden Name <i>Unknown</i> | | | Mother's Birthplace <i>P.G. Co. - Md</i> | | |
| Name of person giving information <i>Father</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Cocci</i> | How long |
| Immediate <i>Croup</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>John L. Wainwright</i> |
| | Address <i>Clinton</i> |
| Accident or Suicide? | |



Name
in
Full

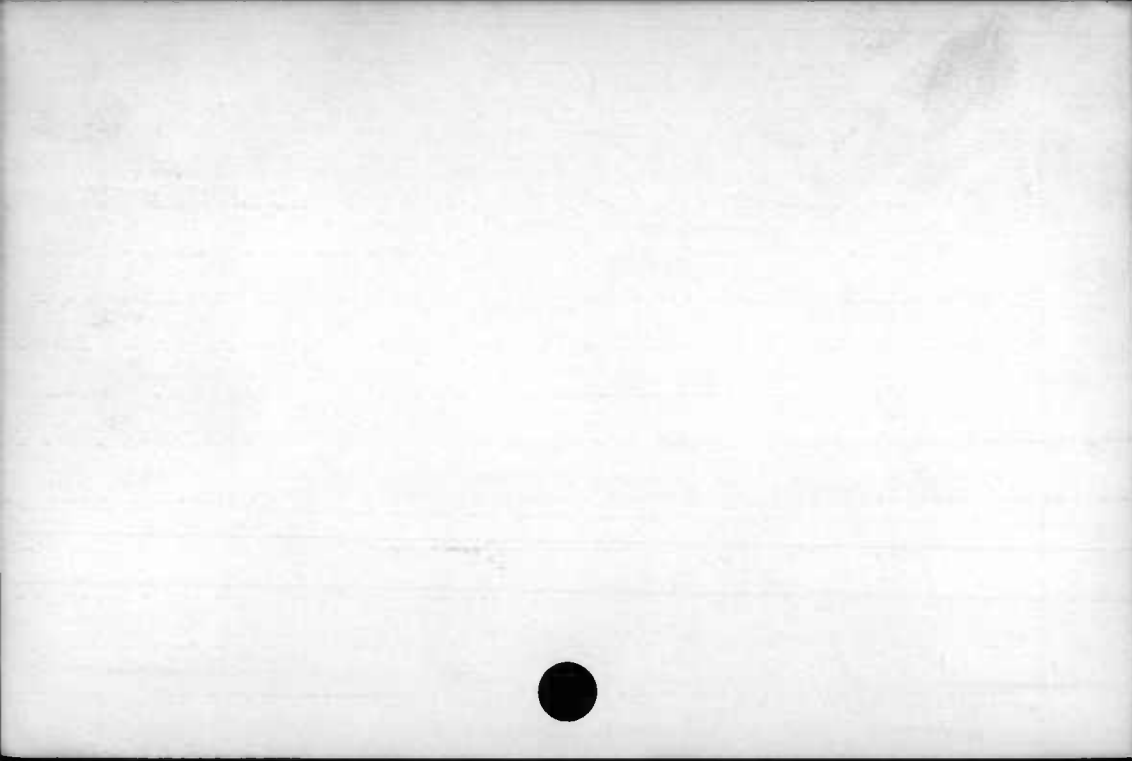
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|--------------------------------|--|------------------|--|
| Name <i>John Thomas Sawbrey</i> | | Town <i>Dorchester</i> | | County <i>Prince George</i> | | MARYLAND | |
| Died at | | Date of death 190 <i>2</i> | | Month <i>11</i> | | Day <i>29</i> | |
| Age <i>74</i> | | Years <i>74</i> | | Months <i>8</i> | | Days <i>—</i> | |
| Sex <i>Male</i> | | Color or Race <i>white</i> | | Birth- place <i>MD</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Farmer</i> | | | | | |
| Name of Wife or Husband <i>Sarah E Sawbrey</i> | | | | | | | |
| Father's Name <i>Mashia Sawbrey</i> | | Father's Birthplace <i>MD</i> | | | | | |
| Mother's Maiden Name <i>— Groves</i> | | Mother's Birthplace <i>MD</i> | | | | | |
| Name of person giving Information <i>John E Sawbrey</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

| | | | |
|---|--|--|--|
| Primary <i>Complication of disease</i> | | How long | |
| Immediate <i>—</i> | | How long <i>18 Months</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>John E Sawbrey</i> | |
| | | Address <i>Dorchester Md</i> | |
| Accident or Suicide? <i>No</i> | | | |



Name in Full

Certificate of Death

Infant Child of G. W. & Beatrice Schaaf-

Town

County

Died at

Friendly

Pamlico George

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

11

15

Age

1. 6

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

G. W. Schaaf-

Mother's

Name

A. Beatrice Connick

Cause of

Primary

Cold

Death

Immediate

Congestion of Lung

How long sick

4 da.

Accident, Suicide, Homicide

Reported by

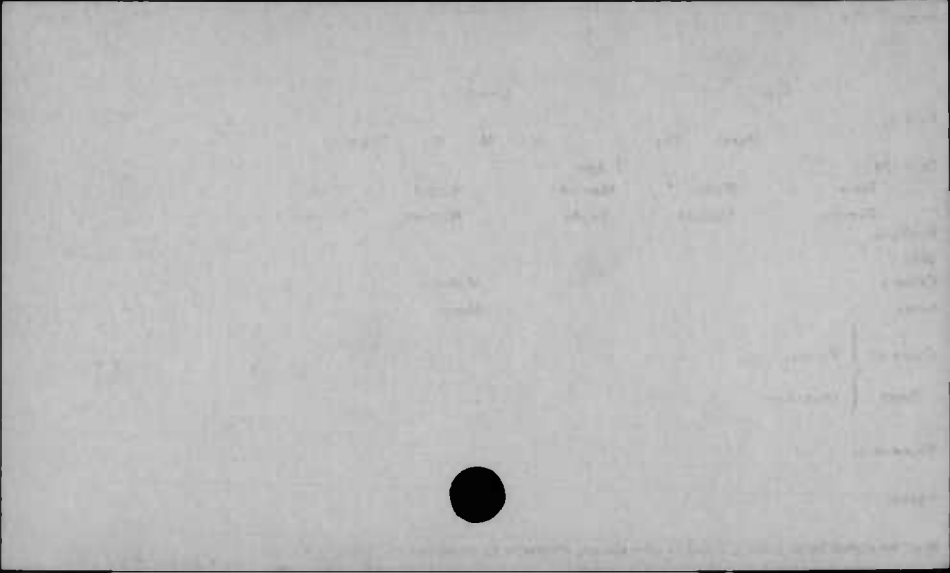
Robert Connick

Address

Grandfather

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Minnie Siskey

CERTIFICATE OF DEATH

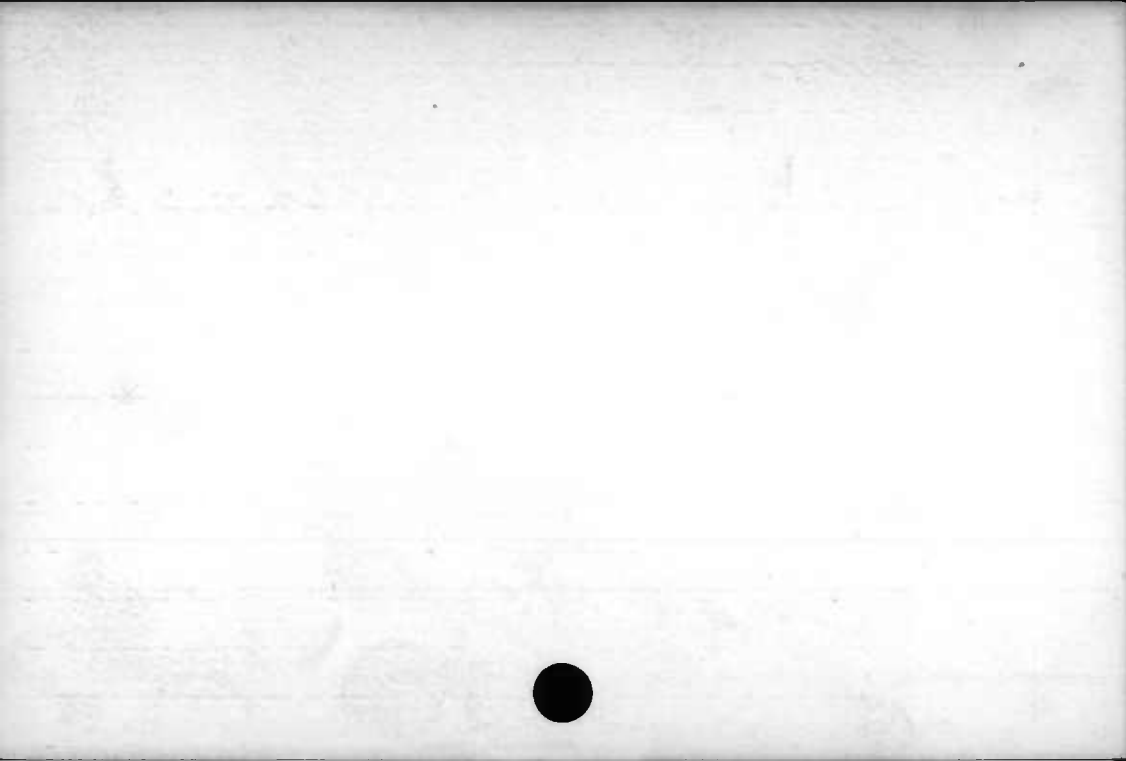
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|---|--------------------------------|-------------------------------------|------|
| Died at <i>Forestville</i> ^{Town} | | <i>Prince Georges</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>Nov</i> | Day <i>15</i> | Age <i>81</i> ^{Years} | Months | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Germany</i> | | |
| Married, Single or Widowed <i>Widow</i> | | | Occupation <i>—</i> | | |
| Name of Wife or Husband <i>Siskey</i> | | | | | |
| Father's Name <i>X</i> | | | | Father's Birthplace <i>^</i> | |
| Mother's Maiden Name <i>^</i> | | | | Mother's Birthplace <i>^</i> | |
| Name of person giving information <i>Will Mann</i> | | | | How related to deceased <i>None</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>General Debility &</i> | How long <i>—</i> |
| Immediate <i>old age</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John E. Laubsberg</i> |
| | Address <i>Forestville Md</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Margaret Smith
Crown

Town

County

MARYLAND

Date

of death 1902

Month

Nov.

Day

26

Age

Years

60

Months

Days

Sex

Female

Color or
Race

Caucasian

Birth-
place

D.C. G.

Married, Single
or Widowed

married

Occupation

Housewife

Name of Wife or
Husband

Wife of John W. Smith

Father's
Name

John Stells

Father's
Birthplace

D.C. G.

Mother's
Maiden Name

Informant did not know

Mother's
BirthplaceName of person giving
information

Jerry Severy

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Asthma

How long

years

Immediate

Asthma heart failure

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

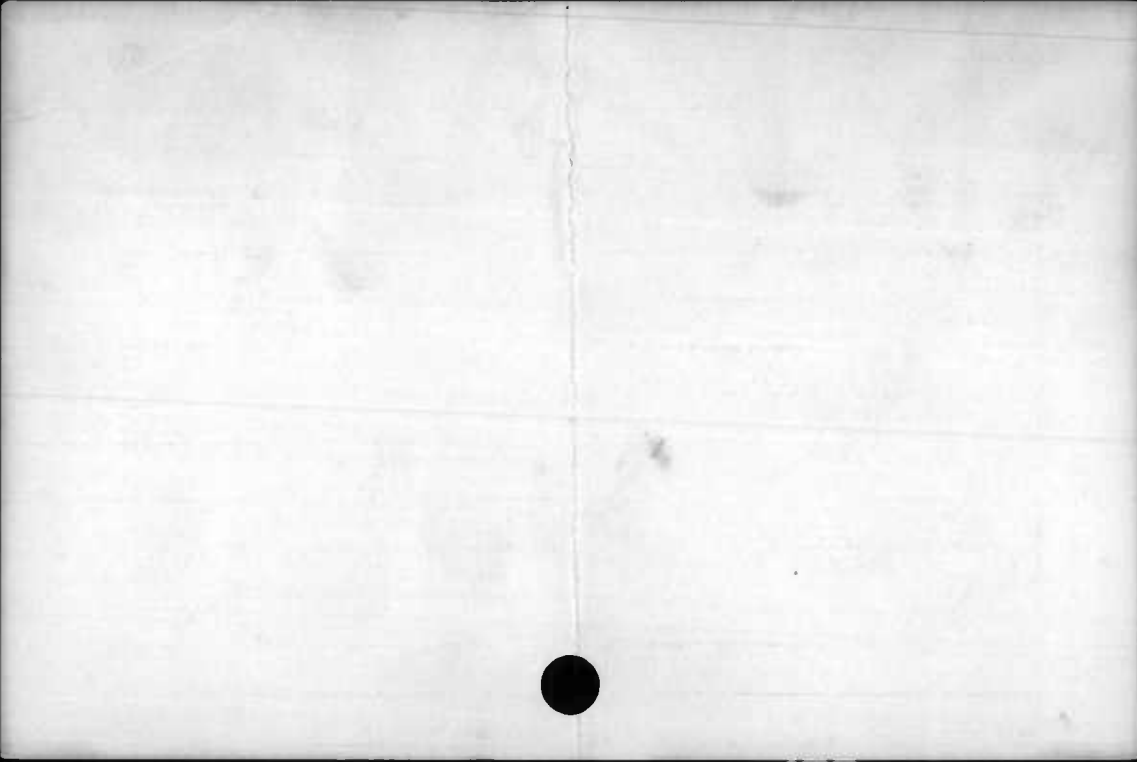
Signature of
Physician

W. H. Gibbons

Address

Crown md

Accident or Suicide?



Name
in
Full

George Stockham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|--------------------|-----------------------------------|-------------------------|------|
| Died at <u>Clinton</u> Town | | <u>P.G.</u> County | | MARYLAND | |
| Date of death 1902 | Month <u>Nov</u> | Day <u>2nd</u> | Age <u>28</u> Years | Months | Days |
| Sex <u>Male</u> | Color or Race <u>White</u> | | Birth-place <u>Wesley, W. Va.</u> | | |
| Married, <u>Single</u> or Widowed | | | Occupation <u>Blacksmith</u> | | |
| Name of Wife or Husband <u>Edua Stockham</u> | | | | | |
| Father's Name <u>Unknown</u> | | | | Father's Birthplace | |
| Mother's Maiden Name <u>"</u> | | | | Mother's Birthplace | |
| Name of person giving information <u>J. L. Looney</u> | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>J. Fever</u> | How long <u>3 weeks</u> |
| Immediate <u>Hemorrhage Heart failure</u> | How long <u>3 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>J. L. Looney</u> |
| | Address <u>Clinton</u> |
| Accident or Suicide? | |



Name in Full

Certificate of Death

William Henry Streams

Town

County

Died at

Bowie

D.C.

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Nov

1

Age

58

Frederick's arm hand

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living 10

Husband

of

Mima Streams

~~Wife~~

Father's

Nathaniel Stream

Mother's

Henrietta Stream

Name

Name

Cause of

Primary

Apoplexy

but

How long sick

4 days

Death

Immediate

Cerebral hemorrhage

Accident, Suicide, Homicide

Reported by

Address

W. H. K. Small M.D.
Springfield, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

TIGER AND BUREAU, P. 16



Name
in
Full

Louise Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------------------|---------------------------------------|------------------------------------|-----------------|---------------|
| Died at <i>Forestville</i> ^{Town} | | <i>Prince Geo's</i> ^{County} | | MARYLAND | |
| Date of death <i>1902</i> | Month <i>Nov</i> | Day <i>5</i> | Age <i>52</i> ^{Years} | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>Md.</i> | | |
| Married, Single or Widowed <i>widow</i> | | | Occupation <i>Laundry work</i> | | |
| Name of Wife or Husband <i>Helen Thomas</i> | | | | | |
| Father's Name <i>—</i> | | | Father's Birthplace <i>10</i> | | |
| Mother's Maiden Name <i>—</i> | | | Mother's Birthplace <i>—</i> | | |
| Name of person giving information <i>William Thomas</i> | | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary. <i>Grippe</i> | How long <i>7 days</i> |
| Immediate <i>Grippe</i> | How long <i>3 "</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John E. Rowland</i> |
| | Address <i>Forestville</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

G. Wesley Williams

CERTIFICATE OF DEATH

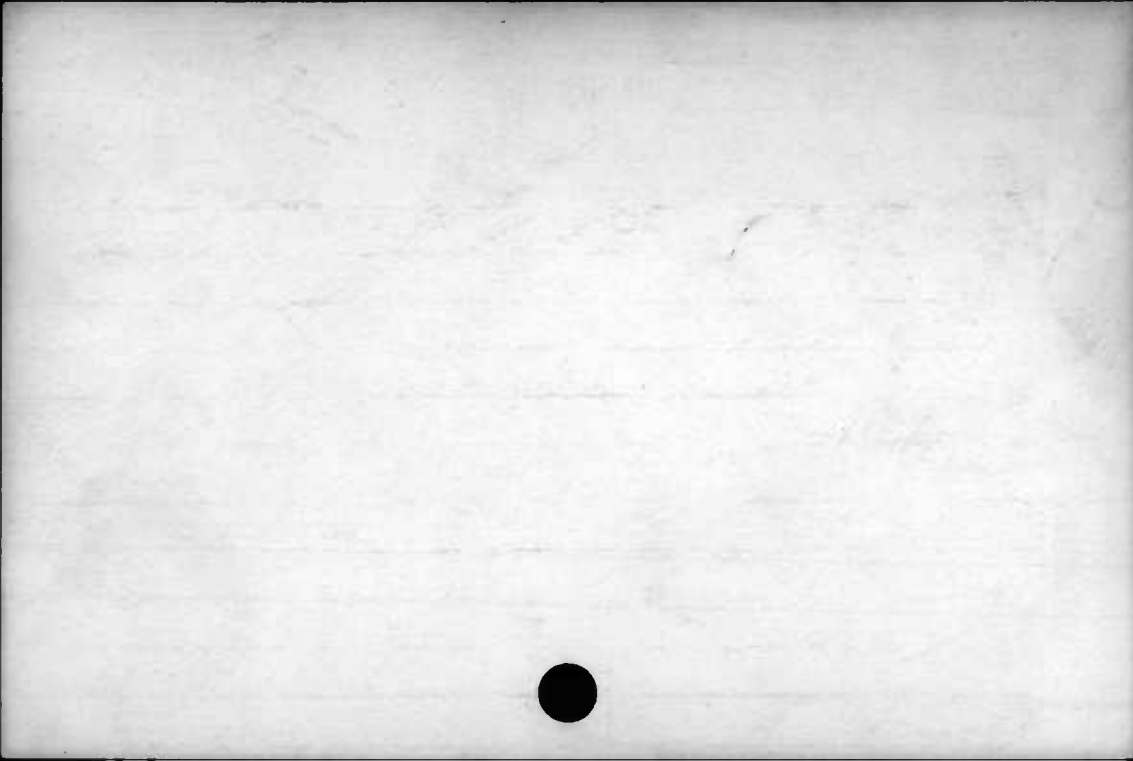
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------|--|--------------------------------------|-----------------------|-----------------|
| Died at <i>Swittland</i> ^{Town} | | <i>Prince George</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>Nov</i> | Day <i>11</i> | Age <i>1</i> | Years <i>7</i> | Months <i>7</i> |
| Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>md</i> | |
| Married, Single or Widowed <i>_____</i> | | | Occupation <i>_____</i> | | |
| Name of Wife or Husband <i>_____</i> | | | | | |
| Father's Name <i>John Williams</i> | | | Father's Birthplace <i>md</i> | | |
| Mother's Maiden Name <i>Mary C Payne</i> | | | Mother's Birthplace <i>md</i> | | |
| Name of person giving information <i>George A Payne</i> | | | How related to deceased <i>Uncle</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pneumonia</i> | How long <i>2 weeks</i> |
| Immediate <i>93</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John E. Laubert</i> |
| | Address <i>Forestville Md.</i> |
| Accident or Suicide? <i>No</i> | |



Susan Lane Hilborn
 Town County
 Died at *Marblehead Prince Geo Co.* MARYLAND
 Date 19 *00* Month *Nov* Day *4* Age *81* Y. M. D. Native of *England* Occupation *House*
 Male White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of *John Hilborn*
 Wife
 Father's Name *James Baldwin* Mother's Maiden Name *Don-Know-*
 Cause of Death { Primary *Pneumonia* Immediate *93* How long sick *Six days*
 Accident, Suicide, Homicide

Reported by *MARBLEHEAD*
 Address *Byattown Rd*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(Adderson Chapel)

(G. Edward Lewis)

aged 36 years.

Plate

Certificate of Death

Johnny Young.

Died at Upper Marlboro- ^{Town} Prince Georges ^{County} MARYLAND

Month Day Y. M. D. Native of Occupation

| | | | | | |
|-----------|---------|-----------------|-----------|---------------------------|------------|
| Month Day | | Y. M. D. | Native of | | Occupation |
| 11-9 | | Age about 2 yrs | mo. | | |
| Male | White | Married | Widow | Divorced | |
| Female | Colored | Single | Widower | Number of children living | |

Husband of _____
Wife _____

Father's Name *William Young.* Mother's Maiden Name *Caroline Ford.*

| | | | |
|----------|-----------|---------|-----------------------------|
| Cause of | Primary | unknown | How long sick |
| Death | Immediate | unknown | Accident, Suicide, Homicide |

Reported by 11/22/2011

Address Upper Marlboro, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

